SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000017895 (0) AMERICAN INTERNATIONAL RESEARCH UNIVERSITY, INC. Principal Place of Business Mailing Address 431 NW 56 AVE. 431 NW 56 AVE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 431 NW 56 are 431 NW 56 and 26 L Hot Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State Florida 6. Election Campaign Financing \$5.00 May Be MIAMI 23 MIAMI 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s 199.032 <u>33125</u> 33/26 24 USA 25 29 30 Florida Statutes Yes A No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALVAREZ, GULLERMO 431 NW 56 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or pricted name of registered agent and tips if applicable (NOTE: Bug stered Agent signature required when reinstating) (PATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE **DPST** DELETE 1.1 TITLE Change Addition NAME ALVAREZ, GUILLERMO 12 NAME CR2E034 STREET ADDRESS 431 NW 56 AVE. 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 14 CITY - ST - ZIP TITLE DELETE 2.1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 City - St - ZiP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-2IP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 May 1996 267-6916